

Fill in this information to identify the case:

Debtor 1	Josephine Antolin		
Debtor 2 (Spouse, if filing)			
United States Bankruptcy Court for the: <u>Eastern</u>	District of <u>CA</u> (State)		
Case number	<u>17-22030</u>		

Official Form 410S2

Notice of Postpetition Mortgage Fees, Expenses, and Charges 12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: U.S. Bank Trust National AssociationCourt claim no. (if known): 6Last 4 digits of any number you use to identify the debtor's account: 5 4 8 3

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

 No Yes. Date of the last notice: / / **Part 1: Itemize Postpetition Fees, Expenses, and Charges**

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case or ruled on by the bankruptcy court.

Description	Dates incurred	Amount
1. Late charges		(1) \$ _____
2. Non-sufficient funds (NSF) fees		(2) \$ _____
3. Attorney fees		(3) \$ _____
4. Filing fees and court costs		(4) \$ _____
5. Bankruptcy/Proof of claim fees		(5) \$ _____
6. Appraisal/Broker's price opinion fees		(6) \$ _____
7. Property inspection fees		(7) \$ _____
8. Tax advances (non-escrow)		(8) \$ _____
9. Insurance advances (non-escrow)		(9) \$ _____
10. Property preservation expenses. Specify: _____		(10) \$ _____
11. Other. Specify: <u>Tax Advances</u>	<u>11/19/18</u>	(11) \$ <u>3403.56</u>
12. Other. Specify: <u>Insurance Advances</u>	<u>10/5/18, 11/8/18, 11/9/18</u>	(12) \$ <u>1846.00</u>
13. Other. Specify: _____		(13) \$ _____
14. Other. Specify: _____		(14) \$ _____

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid. See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

Debtor 1 **Josephine Antolin**
First Name Middle Name Last Name

Case number (if known) **17-22030**

Part 2: Sign Here

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

I am the creditor.
 I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

/s/ Michelle R. Ghidotti-Gonsalves _____ Date **4 / 10 / 2019**
Signature

Print: **Michelle R. Ghidotti-Gonsalves** Title **Authorized Agent**
First Name Middle Name Last Name

Company **Ghidotti|Berger LLP**

Address **1920 Old Tustin Avenue**
Number **Santa Ana** Street **CA** ZIP Code **92705**
City State ZIP Code

Contact phone **(949) 427 - 2010** Email **mghidotti@ghidottiberger.com**

Tax breakdown [REDACTED]

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BSI Financial Services
314 S Franklin St. / Second Floor
PO Box 517
Titusville PA 16354

PAGE 1
DATE 04/10/19

HISTORY FOR ACCOUNT [REDACTED]

----- MAIL ----- PROPERTY -----

JOSEPHINE R ANTOLIN

1032 STERLING ST 1032 STERLING STREET

VALLEJO CA 94591 VALLEJO CA 94591

----- DATES -----		----- CURRENT BALANCES -----		----- UNCOLLECTED -----	
PAID TO	06/01/17	PRINCIPAL	71581.37	LATE CHARGES	-892.99
NEXT DUE	07/01/17	ESCROW	-12614.79	OPTIONAL INS	0.00
LAST PMT	04/08/19	UNAPPLIED FUND	1896.77	INTEREST	0.00
AUDIT DT	06/08/18	UNAPPLIED CODES	*	FEES	-1332.54
		BUYDOWN FUND	0.00	----- YEAR TO DATE -----	
LAST ACTIVITY	04/09/19	BUYDOWN CODE		INTEREST	974.27
				TAXES	0.00

POST DATE	TRN CDE	DUE DATE	TRANSACTION AMOUNT	PRINCIPAL PAID	INTEREST PAID	ESCROW PAID
111918	E90	010117	-3403.56	PAYEE = 0048.00000		TELLER 32687

END OF HISTORY

TAX BKR [REDACTED]

Insurance breakdown [REDACTED]

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BSI Financial Services
314 S Franklin St. / Second Floor
PO Box 517
Titusville PA 16354

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				TAXES	0.00

POST DATE	TRN CDE	DUE DATE	TRANSACTION AMOUNT	PRINCIPAL PAID	INTEREST PAID	ESCROW PAID
101518	E10	120116	-235.00	PAYEE = 4024.04821		TELLER 32022
110818	E20	010117	-1611.00	PAYEE = 4024.01715		TELLER 32022
110918	R10	010117	136.49	PAYEE = 0000.00000		TELLER 5336

END OF HISTORY

INS BKR [REDACTED]